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To: **CITY OF ANNAPOLIS GOVERNMENT**
HUMAN RESOURCES DEPT
93 MAIN ST 3RD FL
ANNAPOLIS MD 21401

Before mailing, did you:

- S Sign the application in two places?
- S Supply a driver's license number, if applicable?
- S Fill out all five pages of the Application?

CITY OF ANNAPOLIS GOVERNMENT
HUMAN RESOURCES DEPT
93 MAIN ST 3RD FL
ANNAPOLIS MD 21401

City of Annapolis
HUMAN RESOURCES DEPARTMENT
93 Main Street, 3rd Floor
Annapolis, MD 21401

Reviewed by:

A: ☐

NQ: ☐

The City of Annapolis is an Equal Opportunity Employer. Females, Minorities and Individuals with Disabilities are encouraged to apply. Any disabled applicant who needs a reasonable accommodation during the application or testing process should notify the Human Resources Department in advance at (410) 263-7998 or (410) 263-7943 TDD. All qualified applicants will receive consideration for employment without regard to political or religious opinion or affiliation, race, creed, color, sex, or national origin.

THIS APPLICATION CONSISTS OF FIVE PAGES, ALL OF WHICH SHOULD BE COMPLETED FULLY BEFORE YOUR APPLICATION IS SUBMITTED.

Application for Position of (use title from Position Vacancy Notice):

1 Name

Last

First

Middle

If you are currently a City employee, please indicate if you are:

☐ Contractual Worker

☐ Seasonal/Temporary

1a Were you ever known by any other name? Yes ☐ No ☐

If Yes, for the purpose of verifying education and prior employment, please provide your former legal name(s):

2 Social Security Number

3 Address

Number

Street

Apt #

City

State

Zip

4 Phone Numbers and Email

Home ()

Work ()

Email:

5 Who shall we contact in case of an emergency?

Name

Phone ()

6 If you are related to a current City of Annapolis employee, please indicate his/her name and Department:

7a Did you graduate from high school? Yes ☐ No ☐

7b If you have a GED, give Number and State

Name

Address

8	Name and location of College(s) or University(ies) attended	Total Credit Hours	Major Field	Degree Type	Year Received

9 OTHER TRAINING (including business, trade, military or correspondence schools)					
Name and location (city, state & zip of school(s) attended)	Type of Training	License or Certificate Number	Expiration Date	Total Training	
				Hours	Weeks

Use this space to include any special qualifications relevant to the position for which you are applying that are not covered elsewhere in your application: skills in operation of computers, machines or equipment; technical skills; office administration skills; or other special training. If necessary, please attach a supplementary sheet.

10 EXPERIENCE		
<p>Use the following blocks A through D to provide information about your previous jobs STARTING WITH YOUR PRESENT OR MOST RECENT POSITION in Block A. Include all relevant paid, non-paid, volunteer and military experience. LIST PROMOTIONS AS SEPARATE JOBS. You must provide all of the information requested for each job you list. If you require more space to answer Blocks A through D, or if you require more blocks to list all of your previous jobs, attach additional pages that provide all of the information requested for each job. Your resume should be used only to supplement information presented in these blocks. Label all additional pages with your NAME, SOCIAL SECURITY NUMBER AND JOB TITLE.</p>		
May we contact your current and/or previous employer(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Comments
A	Position Title _____ Currently held position? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer (Company or Organization)
	Name, Title & Telephone of Immediate Supervisor _____	Address of Employer _____
Date of Employment From _____ To _____ Last salary _____ Type of business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____ _____		Describe your duties, responsibilities and accomplishments below.

B	Position Title	Currently held position? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer (Company or Organization)
	Name, Title & Telephone of Immediate Supervisor		Address of Employer
Date of Employment From _____ To _____ Last salary _____ Type of business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____ _____		Describe your duties, responsibilities and accomplishments below.	

C	Position Title	Currently held position? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer (Company or Organization)
	Name, Title & Telephone of Immediate Supervisor		Address of Employer
Date of Employment From _____ To _____ Last salary _____ Type of business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____ _____		Describe your duties, responsibilities and accomplishments below.	

D	Position Title	Currently held position? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer (Company or Organization)
	Name, Title & Telephone of Immediate Supervisor		Address of Employer
Date of Employment From _____ To _____ Last salary _____ Type of business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____ _____		Describe your duties, responsibilities and accomplishments below.	

Label all additional pages with your NAME, SOCIAL SECURITY NUMBER AND JOB TITLE.

City of Annapolis

HUMAN RESOURCES DEPARTMENT

The City of Annapolis seeks the following information in order to comply with its obligations under all applicable Equal Employment Opportunity Laws. Individuals are encouraged to complete this form. Those who choose not to provide race or sex information will be placed in the largest applicant group. In keeping with City of Annapolis policy, any individual who knowingly falsifies a race or sex claim is subject to disqualification or termination.

A	How did you learn about the job for which you are applying? Please specify.
<input type="checkbox"/>	Newspaper (name) _____
<input type="checkbox"/>	Job Bulletin (where posted) _____
<input type="checkbox"/>	Federal/State Employment service (name) _____
<input type="checkbox"/>	Community Action Agency (name) _____
<input type="checkbox"/>	Magazine/Journal (name) _____
<input type="checkbox"/>	Walk-in _____
<input type="checkbox"/>	City Employee _____
<input type="checkbox"/>	Notification Postcard _____
<input type="checkbox"/>	Job Fair/Conference (where/when) _____
<input type="checkbox"/>	College/University/School (name) _____
<input type="checkbox"/>	Other _____

B	Date of Birth _____
	Month Day Year

C	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
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D	Ethnic Origin
The U.S. Equal Employment Opportunity Commission (EEOC) has defined the following categories of ethnic origin. Please check which best describes your ethnic origin.	
<input type="checkbox"/>	White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/>	Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
<input type="checkbox"/>	Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. (For example, China, Japan, Korea, the Philippines, and Samoa.)
<input type="checkbox"/>	American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

_____	_____	_____
Position Applied For	Signature	Date

THIS APPLICATION CONSISTS OF FIVE PAGES, ALL OF WHICH SHOULD BE COMPLETED FULLY BEFORE YOUR APPLICATION IS SUBMITTED.

Annapolis (410) 263-7998
Baltimore (410) 269-8424
Washington (301) 858-5541
TDD (410) 283-7943
FAX (410) 295-7999
website www.annapolis.gov

RETURN / MAIL TO
City of Annapolis Government
Human Resources Department
93 Main Street, 3rd Floor
Annapolis, MD 21401

11	Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> Anyone offered employment is required to provide identification and documentation of eligibility for employment in the U.S.
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12	Do you have a valid motor vehicle operator's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this license a Commercial Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> License Number _____ Class _____ State _____ Endorsement Code _____ Where required by the Position Vacancy, failure to provide license number may result in disqualification.
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13	Have you ever been convicted of a criminal offense in any court? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date, place, charge, court and fine or sentence of conviction. A conviction does not automatically mean that you will not be employed. The nature of the offense and when it occurred will be considered. Give all the facts so a decision can be made (attach additional sheets, if necessary, and label all additional sheets with Name, Social Security Number and Job Title.)
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14	Have you ever been fired or asked to resign from a job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date, name, address of employer and reason. A firing or forced resignation does not automatically mean you will not be employed. The circumstances, time elapsed and recent employment record will be considered. Give all the facts so that a decision can be made (attach additional sheets, if necessary, and label all additional sheets with Name, Social Security Number and Job Title.)
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15	The following notice applies to everyone EXCEPT applicants for Law Enforcement Officer positions as defined by Article 27, Section 727, or any employee of any law enforcement agency of the State of Maryland or any county, incorporated city or town, or other municipal corporation. "Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100." <div style="display: flex; justify-content: space-between;"> _____ Signature of Applicant (Required by Maryland State Law) _____ Date </div>
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I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I Understand That Any False or Incomplete Answer May Be Grounds for Not Employing Me or for Discharging Me after My Employment. I understand that I may have to pass a physical examination; produce documentation verifying identity and employment in the U.S.; and be fingerprinted as a condition of my employment. I also understand that if I am hired for a position with the City of Annapolis, I will be required to undergo a DRUG SCREENING TEST. During the course of my employment, should reasonable suspicion exist to indicate possible impairment from proper and safe performance of my duties, I will be subject to additional testing for drug usage.

I hereby authorize and fully consent to the disclosure and release to the City of Annapolis, Maryland of any information and documentation bearing on my academic history; job performance; and/or other credentials or licensure that may pertain to the vacancy for which application is being made. It is my specific intent to provide access to the above-detailed information, no matter how personal or confidential it may appear to be. In consideration of the City of Annapolis' acceptance and evaluation of this application, I hereby release and hold harmless the City of Annapolis, Maryland; any school; present or former employer; and /or any person furnishing such information or documents.

Photocopies of this authorization, and of my signature hereon, shall be deemed to provide the same release as my original signature. I understand that I must notify the Human Resources Department of any change in my name, address, phone number or other pertinent information.

Signature of Applicant _____ Date _____